0709

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County: Howard

City or town: Ilchester (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Beechfield Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 Days.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Delaware. County:

City or town: Wilmington Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 1406 Woodlawn Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Ralph Asshetow

3. (b) Social Security Number: 221-03-7309

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 16, 1876.

8. AGE: Years 63 | Months 2 | Days 28 | If less than one day: hrs. min.

9. Birthplace: Rocks Springs, Virginia (Town, county, and state)

10. Usual occupation: Special Asst. Explosive Dept.

11. Industry or business: E. I. Du Pont de Nemours Co.

FATHER

12. Name: William Asshetow

13. Birthplace: England.

MOTHER

14. Maiden name: Lucia Armstrong

15. Birthplace: Kentucky

16. Informant: Miss Ethel R. Coak

Address: 1322 Woodlawn Ave. Wilmington Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 16, 1940 (month) (day) (year)

Cemetery or crematory: St. Johns Cemetery

Location: Ellicott City Md.

18. Funeral director: Easton Sons

Address: Ellicott City, Md.

19. Jan. 16 1940 (Date rec'd by registrar) (Mis.) E. Bird Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 13, 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-13 1940, to 1-13 1940, and that I last saw him alive on no date 19

Immediate cause of death: Coronary Thrombosis — DURATION: instant

Due to: Arteriosclerotic Heart disease — 2 years

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: no Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George E. Burgtorf MD acting Deputy medical Examiner Howard Co. M.D. or other

Address: Ellicott City Date signed: 1-15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0710

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (83a)

County Howard Registration Dist. No. 190

Village or City Elkridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Francis Bush Social Security # none

(a) Residence: No. Washington Blvd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Aug 9 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Government dep

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year) Feb 1939

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Elkridge (State or country) Howard Co. Md

FATHER

13. NAME Elijah S. Bush

14. BIRTHPLACE (city or town) Avalon (State or country) Balto Co. Md

MOTHER

15. MAIDEN NAME Annie E. Bowers

16. BIRTHPLACE (city or town) Baltimore City (State or country) Md

17. INFORMANT Irving Bush (Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL Place St Augustines Date 1/31, 19 40

19. UNDERTAKER John J. Duda (Address) 2829 Hudson St

20. FILED Jan 29 19 40 Miss E. Bird Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 28, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1940 to Jan 28, 1940

I last saw him alive on Jan 27, 1940; death is said to have occurred on the date stated above, at 5 30 p. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
a Apoplexy c	1-28-1940
b Cerebral Hemorrhage	
(Cerebral Hemorrhage)	

Other **Contributory Causes** of importance:

Arterial Hypertension 17.25

Generalized Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Blood Pressure Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. B. Brumbaugh M. D.

(Address) Elkridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 31 1940 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0711

1. PLACE OF DEATH

County HOWARD Registration Dist. No. 192

Village or City WEST FRIENDSHIP No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ENOCH MARVIN CISSEL If U. S. Veteran, specify WAR

(a) Residence: No. WEST FRIENDSHIP St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) JULY 20 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. FARMING

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. OWN

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) HIGHLAND P.O.
(State or country) HOWARD - MD

FATHER

13. NAME PHILIP CISSEL

14. BIRTHPLACE (city or town) HIGHLAND
(State or country) HOWARD CO. MD.

MOTHER

15. MAIDEN NAME MARTHA ELLEN ZEIGLER

16. BIRTHPLACE (city or town) ?
(State or country) MARYLAND

17. INFORMANT PHILIP BELT CISSEL
(Address) WEST FRIENDSHIP

18. BURIAL, CREMATION, OR REMOVAL
Place Providence Cem. Date 1 - 8, 1940

19. UNDERTAKER H. Higinbothom
(Address) Elkhart City Ind.

20. FILED Jan 8, 1940 Alice W. Hubb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH JANUARY (Month) 7 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from DECEMBER 30, 1939, to JANUARY 7, 1940.

I last saw him alive on JANUARY 7, 1940; death is said to have occurred on the date stated above, at 6 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	JAN. 2 '40

Other Contributory Causes of Importance:

PARKINSON DISEASE	1924

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob R. Jensen M. D.

(Address) Sykesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 8 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0712

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County Howard

City or town Coles Ville Near Laurel
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Howard

City or town Coles Ville Near Laurel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Amy Louise Colbert

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 1940

8. AGE: Years 0 Months 0 Days 14 If less than one day hrs. min.

9. Birthplace Coles Ville, Howard Co.
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name ~~Unknown~~ Samuel Hall
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden name Dorothy Colbert.
15. Birthplace ~~Howard Co.~~ Balto. City Md.

16. Informant Dorothy Colbert.
Address Coles Ville, Howard Co.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 30 1940 (month) (day) (year)

Cemetery or crematory Homestead Coles Ville

Location Howard Co Near Laurel

18. Funeral director Ridgely Selby

Address 401 Washington Laurel Md.

19. 1/30/40 19 (Date rec'd by registrar) Frank Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1940, at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to Jan 29 1940, and that I last saw her alive on Jan 29 1940.

Immediate cause of death: Congenital syphilis — DURATION: 14 days

Due to Syphilis in mother — Latent

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert S McCamey M.D. M. D. or other

Address Laurel Md Date signed 1/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (190)

CERTIFICATE OF DEATH

0713

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Ellicott City
(If outside city or town limits, write RURAL, NEAR and give town)

Street address, hospital, or institution:
Fells Ave.,

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Fells Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Harris

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife Unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 41			hrs. min.

9. Birthplace Petersburg Va
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Walter Layton

Address Ellicott City

17. Burial Date thereof Jan 8, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fuller Cem

Location Ellicott City

18. Funeral director Easton Sons

Address Ellicott City

19. Jan 8, 1940 John B. Laughman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3 1940, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-3 1940, to 1-3 1940, and that I last saw him alive on no date 19

Immediate cause of death	freezing	DURATION 6 hours
Due to	exposure to cold	
Due to		
Other conditions	Paresis	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 1-3-40

Where did injury occur? Ellicott City (City or town) Howard (County) Md. (State)

Injured at home, farm, industry, public place (where?) home

Means of injury freezing Injured at work? no

23. SIGNATURE George E. Burgdorf MD
acting Deputy Medical Examiner
M. D. or other

Address Ellicott City Date signed 1-3-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0714

(159)

1. PLACE OF DEATH

County Howard Registration Dist. No. 192

Village or City Maryland Line No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Immature Infant Hughes If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-23-40

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME Edwin J Hughes

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Martha E Shearer

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Edwin J Hughes
(Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Hames Date Jan 26, 1940

19. UNDERTAKER Formby
(Address) Sykesville Md

20. FILED Jan 26, 1940 Alice W. Hobbs
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1 (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Immature birth 4½ mo	
Other Contributory Causes of Importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. J. Barnes M. D.

(Address) Sykesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

0715

CERTIFICATE OF DEATH

Reg. Dist. No. 19

1. PLACE OF DEATH:

County Howard

City or town Daylen

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Howard

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sallie V. Hungerford

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Wider

6 (b) Name of husband or wife Thomas E. Hungerford

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17 1853

8. AGE: Years 86 Months 9 Days If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name William Duvall

13. Birthplace Maryland.

MOTHER 14. Maiden name Mary Eveley

15. Birthplace Maryland

16. Informant Benjamin Hungerford

Address Sykesville Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 20 1940 (month) (day) (year)

Cemetery or crematory O

Location Providence Cemetery

16. Funeral director C. L. Harvey Wear

Address Sykesville Md.

19. 1/19 1940 (Date rec'd by registrar) S. A. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1940, at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from about July 1 1939, to Jan 18 1940, and that I last saw her alive on Jan 16 1940.

Immediate cause of death Arterio sclerosis

DURATION

Due to

Due to

Other conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. A. Nichols M. D. or other

Address Clarksville Date signed 1-18-40

RECEIVED
FEB 6 1940
BUREAU F. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0716

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (8)

County Howard Registration Dist. No. 195

Village or City Laurel, Md No. Rural St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Leishear If U. S. Veteran, specify WAR ...

(a) Residence: No. Laurel, Md St., Ward ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Single

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and yeer) Jan 8, 1940

7. AGE	Years	Months	Days	If LESS then 1 day, ... hrs. or ... min.
	0	0	0	

OCCUPATION

8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased lest worked et this occupetion (month and year) ✓

11. Totel time (yeers) spent in this occupation ✓

12. BIRTHPLACE (city or town) Laurel, Md
(Stete or country)

FATHER

13. NAME Arthur E. Leishear

14. BIRTHPLACE (city or town) Howard Co. Md
(Stete or country)

MOTHER

15. MAIDEN NAME Margaret Redmiles

16. BIRTHPLACE (city or town) Howard Co. Md
(Stete or country)

17. INFORMANT Arthur E. Leishear
(Address) Laurel, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place On premises Dete 1/8/40, 19...

19. UNDERTAKER Arthur E. Leishear, actin
(Address)

20. FILED 1/8/40, 19... Frank Shipley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 8 (Day) 1940 (Yeer)

22. I HEREBY CERTIFY, That I ettended deceesed from ✓, 19..., to ✓, 19...

I last sew h... elive on ..., 19...; deeth is seid to heve occurred on the dete steted ebove, et 8a. m.

The **PRINCIPAL CAUSE OF DEATH** end related causes of importence were es follows:

	Date of onset
Stillbirth	
Other **Contributory Causes** of importance:	

Neme of operetion ... Date of ...

Whet test confirmed diegnosis? ... Wes there en eulopsy? No

23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Neture of Injury ...

24. Wes disease or injury in any wey related to occupetion of deceased? No

If so, specify ...

(Signed) J. M. Warren M. D.

(Address) Laurel, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

0717

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH

County Howard

City or town Ellicott City (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Main Street.

Stay in hospital or inst. (yrs., or mos., or days) 5 yrs.

Stay in this community (yrs., or mos., or days) ?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Mayer Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Spanish War

3. (a) FULL NAME John Joseph Madden

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary R. A. (Ebrod) Madden

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1875

8. AGE: Years 64 | Months 11 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business

FATHER 12. Name Charles J. Madden

13. Birthplace Maryland.

MOTHER 14. Maiden name Frances Holland

15. Birthplace Maryland.

16. Informant Mrs. Mary Madden

Address Ellicott City

17. Burial, cremation, or removal (Which?) St. Johns Date thereof Jan. 23, 1940 (month), (day), (year)

Cemetery or crematory Baltimore National Cem.

Location Baltimore and ELLICOTT CITY, MD

18. Funeral director Easton Sons

Address Ellicott City

19. Jan. 23, 1940 (Date rec'd by registrar) John B. Leughman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1940, at 1030 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1 1940, to 1-20 1940, and that I last saw him alive on 1-20 1940.

Immediate cause of death	DURATION
Arteriosclerotic Cardio Vascular Disease	2 years
Due to	
Due to	
Other conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Burgdorf M.D. M. D. or other

Address Ellicott City, Md. Date signed 1-22-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0718

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Howard.
City or town: Oakland.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Hazlewood.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 56 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard.
City or town: Oakland. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Hazlewood
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Samuel S. Owings.

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 10, 1883

8. AGE: Years: 56 Months: 8 Days: 14 If less than one day: hrs. min.

9. Birthplace: Hazlewood, Oakland, Howard Co. Maryland.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Own Farm

FATHER
12. Name: John H. Owings
13. Birthplace: Howard Co. Maryland.

MOTHER
14. Maiden name: Sallie Ann Dorsey
15. Birthplace: Howard Co. Maryland.

16. Informant: Richard Owings.
Address: Oakland, Elliott City Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Jan. 26. 1940 (month) (day) (year)

Cemetery or crematory: Family Burial Ground.
Location: Guilford, Howard Co., Maryland.

18. Funeral director: Easton Sons
Address: Ellicott City

19. 1/26/40 (Date rec'd by registrar) Frank Shipley. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 24 1940, at 8:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 21 1939, to 1-24 1940, and that I last saw h[illegible] alive on 1-24 1940.

	DURATION
Immediate cause of death: Hypertensive Cardio-Vascular Disease	2 years
Due to:	
Due to:	
Other conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George E. Burgtorf M.D.
M. D., or other
Address: Ellicott City Md. Date signed 1-25-40

RECEIVED
FEB 7 1940
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58-D

Registered No. 171

0719

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dayton / Howard Cty.
(c) Hospital or institution: Boarding Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 Compton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME GEORGE EVERETT. PARKS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3, 1926

8. AGE: Years 14 | Months 11 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Schoolboy

11. Industry or business —

FATHER
12. Name Gardner. Parks
13. Birthplace Calvert Cty. Md

MOTHER
14. Maiden Name Viola Garner
15. Birthplace Calvert Cty. Md

16 (a) Informant Father G Parks
(b) Address 1003 Compton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Brooms Island
Location Calvert Co., Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St, Balto

19 (a) Jan. 7, 1940 (Date rec'd by registrar) (b) John B. Laughman. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7th 1940, at 6 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Rheumatic heart disease	
Acute dilatation of heart	
Due to	
Due to	
Other Conditions Bronchopneumonia early	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H & W Wallenmeier M.D.
Medical Examiner.
Date signed Jan 7th, 1940

VS 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

RECEIVED
JAN 11 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0720

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town Rural nr. Daisy.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.D. Woodbine, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Ulysses S. Poole

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of ~~husband~~ or wife Minnie G. Poole
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1866

8. AGE: Years	Months	Days	If less than one day
73	3	6	hrs. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John Poole
13. Birthplace Maryland
MOTHER 14. Maiden name Eleniah Glass
15. Birthplace Maryland.
16. Informant Mrs. Spencer J. Mullinix
Address Woodbine, Md
17. Burial Date thereof Jan. 10, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mt. Olivet, Meth.
Location Mt. Olivet, Carroll Co.
18. Funeral director C.M. Waltz
Address Winfield, Md
19. Jan-9-1940 E. Pearl Mercer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1940, at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3 1940, to Jan 8 1940, and that I last saw him alive on Jan 8 1940.

Immediate cause of death Lobar Pneumonia — DURATION 6 da

Cue to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Stanley Crabill M. D. or other
Address Westminster, Md Date signed 1/8/40

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

CERTIFICATE OF DEATH

0721

Reg. Diat. No. 193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Howard

County

City or town near Long Corner
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Willie H. Sirk

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Sarah Rebeca Sirk

6(c) If alive, give age about 79 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 80			hrs. min.

9. Birthplace west Virginia
(Town, county, and state)

10. Usual occupation labor

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden name unknown
15. Birthplace unknown

16. Informant Jessie Sirk
Address woodbine md,

17. Burial Date thereof Jan. 29. 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory mt. Lebanon

Location near Damascus Montonery Co.

18. Funeral director H. M. Snyder

Address Mt. Airy

19 Jan - 27 19 41 E. Earl Myers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 26 1940, at 8 A M

21. I CERTIFY that death occurred on the data above stated; that I attended deceased from 1-26 1940 to 1-26 1940, and that I last saw him alive on no date 19

Immediate cause of death	DURATION
Arteriosclerotic Cardio-Vascular Disease	2 years
Due to	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Pleasa underlina the cause to which death should ba charged statistically.

22. VIOLENCE: If death was dua to external causes, fill in the following:

Accident, suicida, or homicide Date of

Whera did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public placa (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Bungtorf MD
Deputy medical examiner (Town) M. D. or other

Address Elliott City, Md Date signed 1-26-40

RECEIVED
FEB 8 1940
BUREAU V. S.

0722

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County Howard

City or town Dorsey
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Dorsey Road.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Dorsey Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Dorsey Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Rev. Ralph A. Smith

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida G. Ness Smith

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Oct 23, 1879

8. AGE: Years 60 | Months 3 | Days 4 | If less than one day ___ hrs. ___ min.

9. Birthplace Windsor, York Co. Penna
(Town, county, and state)

10. Usual occupation Minister

11. Industry or business Pastor Dorsey Evangelical Church

FATHER
12. Name Frank Smith
13. Birthplace Pennsylvania

MOTHER
14. Maiden name Henrietta Lubergnecht.
15. Birthplace Pennsylvania.

16. Informant Mrs. Ida G. Smith

Address Dorsey Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 30, 1940 (month) (day) (year)

Cemetery or crematory Windsor Church Cem.

Location Windsor, York Co. Penna

18. Funeral director Easton Sons

Address Ellicott City.

19. Jan 29 1940 (Date rec'd by registrar) (Miss) E. Reid Williams Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1940, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-27 1940, to 1-27 1940, and that I last saw him alive on no date 19

Immediate cause of death: Bronchopneumonia — DURATION 3 days

Due to

Due to

Other conditions: Arteriosclerotic Cardio Vascular disease 2 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Burgtorf MD
Deputy Medical Examiner - Howard Co. M. D. or other

Address Ellicott City, Md. Date signed 1-27-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) I

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FEB 2 1948
BUREAU V. S.

Howard Co. is OK.

0723

STATE OF MARYLAND—CERTIFICATE OF DEATH

93-d

1. PLACE OF DEATH

County HOWARD COUNTY Registration Dist. No. 192

Village or City HENRYTON No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 24 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME CHARLES LEONARD THOMAS If U. S. Veteran, specify WAR

(a) Residence: No. HENRYTON St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	COLORED	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of DRENDA THOMAS

6. DATE OF BIRTH (month, day, and year) April 2 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farming

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) (State or country) Howard County

FATHER

13. NAME Frank Thomas

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Martha Ann Elizabeth Harding

16. BIRTHPLACE (city or town) (State or country) Howard County

17. INFORMANT Drenda Thomas (Address) Henryton

18. BURIAL, CREMATION, OR REMOVAL Place West Liberty Date 1-14, 1940

19. UNDERTAKER F. C. Higinbothom, Jr. (Address) Ellicott City Md.

20. FILED Jan 13, 1940 Alice W. Hebb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1939, to Oct 27, 1939

I last saw him alive on Oct 27, 1939; death is said to have occurred on the date stated above, at 10 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
arteriosclerosis	
Hypertension	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jacob R. Jensen M. D.

(Address) Sykesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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FEB 5 1940
BUREAU V. S. H.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0724

1. PLACE OF DEATH

County Howard Registration Dist. No. 194

Village or City Fulton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Emma Elizabeth Wissel

(a) Residence: No. Fulton St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Wissel

6. DATE OF BIRTH (month, day, and year) Jan 16 1863

7. AGE Years 77 Months 11 Days 26 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Henry R. Dinkleman

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Anna Marie Bubert

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Elsie Wissel (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Fulton Date Jan 15, 1940

19. UNDERTAKER Lloyd Keiser (Address)

20. FILED 1/13, 1940 S. A. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1940, to Jan 12, 1940

I last saw her alive on Jan 12, 1940; death is said to have occurred on the date stated above, at 2 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) S. A. Nichols M. D.

(Address) Clarksville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0725

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County: Howard

City or town: Elkridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Old Wash Blvd.

Stay in hospital or insl. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 28 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State: Maryland County: Howard

City or town: West Elkridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Old Washington Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Laura Elizabeth Winstead

3. (b) Social Security Number: 212-16-5138

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife: David Williams Winstead

6(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): July 30 1876

8. AGE: Years	Months	Days	If less than one day
63	6	1	hrs. min.

9. Birthplace: Mahanoy City Pa.

(Town, county, and state)

10. Usual occupation: Practical Nurse

11. Industry or business: also Sec. & Eastern Star

FATHER 12. Name: Albert A. Reigal

13. Birthplace: Llewellyn Pa.

MOTHER 14. Maiden name: Mary Rudolff.

15. Birthplace: Phila Co. Pa.

16. Informant: Mr. D. W. Winstead

Address: Elkridge Md

17. Burial — Date thereof: Feb. 3, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Meadow Ridge Memorial Park

Location: Dorsey, Md.

18. Funeral director: Earp & Stiffler

Address: Elkridge Md.

19. Feb. 2 1940 (Miss) E. Bird Williams Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 31 1940, at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 23 1940, to Jan 31 1940, and that I last saw h[illegible] alive on Jan 31 1940.

Immediate cause of death	DURATION
Apoplexy	3 days
Due to Arterial Hypertension &	
Due to General arterio sclerosis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: B. B. Brumbaugh M. D. or other

Address: Elkridge Md. Date signed: 4/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAR 2 1940
BUREAU V. S.